

**Rural Health Care (RHC) Universal Service
Healthcare Connect Fund
Funding Request Form**

(Line 4) Madison Healthcare Services Consortium

Read instructions thoroughly before completing this form. Failure to comply may cause delayed or denied funding.

Block 1: General Information	
1 Funding Year <u>2016</u>	2 Funding Request Number (FRN): <u>16986751</u>
3 HCP Number: <u>49272</u>	4 Site Name/Consortium Name: <u>See above</u>
Block 2: Competitive Bidding Information	
5 FCC Form 461 Application Number: <u>100015459</u>	
6 Allowable Contract Selection Date (ACSD): <u>09/02/2016</u>	
7 Number of vendors who bid: <u>0</u>	
8 Request for competitive bidding exemption (Only complete if claiming a competitive bidding exemption).	
<input type="checkbox"/> Annual Undiscounted Cost of \$10,000 or less	
<input type="checkbox"/> Government Master Services Agreement	Contract ID: Friendly Name:
<input type="checkbox"/> Pre-Approved Master Services Agreement	Contract ID: Friendly Name:
<input type="checkbox"/> Evergreen Contract	Contract ID: Friendly Name:
<input type="checkbox"/> E-Rate Approved Contract	Contract ID: Friendly Name:
Block 3: Vendor Information	
9 Service provider identification number (SPIN): <u>143032077</u>	
10 Vendor name: <u>High Point Networks, LLC</u>	
Block 4: Type of Funding Request	
11 <input type="checkbox"/> Individual HCP, single eligible expense	
<input type="checkbox"/> Individual HCP, multiple eligible expenses	
<input checked="" type="checkbox"/> Consortium Application	
Block 5: Single Eligible Expense Request for Funding	
12 Category of Expense	13 Expense Type
14 Bandwidth	14a Is this service symmetrical? <input type="radio"/> Yes <input type="radio"/> No
15 Circuit ID (optional)	If no, what is the upload bandwidth _____.
	What is the download bandwidth _____.
16 Percentage of expense eligible	
17 Does the Service Type include both eligible and ineligible components? <input type="radio"/> Yes <input type="radio"/> No	
If yes, percentage of usage eligible _____	
18 Billing Account Number (BAN)	
19 Contract ID	19a Date contract signed
19b Expected service start date	19c Length of initial contract term
19d Number of contract extensions	19e Length of optional extension(s) combined
20 Circuit start location	21 Circuit end location
22 Is this a multi-year funding request? <input type="radio"/> Yes <input checked="" type="radio"/> No	Multi-year commitments cannot exceed 3 funding years and may not extend beyond the expiration date of an Evergreen Contract.
23 Expense frequency	24 Quantity of expense periods
25 Undiscounted cost per expense period	26 Source of HCP contribution
27 One-time installation charges	

28 This contract contains a Service Level Agreement. <input type="radio"/> Yes <input type="radio"/> No	
If yes, provide the following information concerning the SLA in the contract:	a. Latency: b. Jitter: c. Packet Loss: d. Reliability:
Block 6: Multiple Eligible Expenses and Consortium Requests for Funding (attach Network Cost Worksheet)	
29 Total undiscounted cost for eligible recurring expenses	\$0.00
30 Total undiscounted cost for eligible non-recurring expenses	\$74,377.00
Block 7: Additional Documentation	
31 List all supporting documentation (Competitive bids, Contract, etc.) that is required to be submitted with this form.	
Type of Documentation	
a. VIABLE_SOURCE	Document: MadCON 35% Complete.pdf
b.	
c.	
Block 8: Request for Confidentiality	
32 Is applicant requesting confidential treatment and non-disclosure of commercial and financial information? (See instructions for specific information covered by this request.) <input type="radio"/> Yes <input checked="" type="radio"/> No	
Block 9: Certifications	
33 <input checked="" type="checkbox"/> I certify that I am authorized to submit this request on behalf of the health care provider or consortium.	
34 <input checked="" type="checkbox"/> I declare under penalty of perjury that I have examined this form and attachments and to the best of my knowledge, information, and belief, all information contained in this form and in any attachments is true and correct.	
35 <input checked="" type="checkbox"/> I certify under penalty of perjury that the health care provider or consortium has considered all bids received and selected the most cost-effective method of providing the requested services. The "most cost-effective service" is defined as the "method that costs the least after consideration of the features, quality of transmission, reliability, and other factors that the health care provider deems relevant to choosing a method of providing the required health care services." 47 C.F.R. Sec. 54.642(c).	
36 <input checked="" type="checkbox"/> I certify under penalty of perjury that all Healthcare Connect Fund support will be used only for the eligible program purposes for which support is intended.	
37 <input checked="" type="checkbox"/> I certify that the health care provider or consortium is not requesting support for the same service from both the Telecommunications Program and the Healthcare Connect Fund.	
38 <input checked="" type="checkbox"/> I certify that the health care provider or consortium satisfies all of the requirements under Section 254 of the Telecommunications Act of 1996, as amended, and applicable Commission rules, and understand that any letter from the Administrator that erroneously commits funds for the benefit of the applicant may be subject to rescission.	
39 <input checked="" type="checkbox"/> I certify that I have reviewed all applicable requirements for the program and will comply with those requirements.	
40 <input checked="" type="checkbox"/> I understand that all documentation associated with this application, including all bids, contracts, scoring matrices, and other information associated with the competitive bidding process, and all billing records for services received, must be retained for a period of at least five years pursuant to 47 C.F.R. § 54.648, or as otherwise prescribed by the Commission's rules.	
41 Signature	42 Date 11/30/2016
43 Printed Name of Authorized Person Pheona Riddle	
44 Title/Position of Authorized Person Cost Analyst	
45 Phone (812) 277-1499 Ext.	46 Email pr@espysservices.com
47 Employer Espy Services, Inc	48 Employer's FCC RN 0020725107

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

FCC NOTICE FOR INDIVIDUALS REQUIRED BY THE PRIVACY ACT AND THE PAPERWORK REDUCTION ACT

Part 3 of the Commission's Rules authorize the FCC to request the information on this form. The purpose of the information

is to determine your eligibility for certification as a health care provider. The information will be used by the Universal Service Administrative Company and/or the staff of the Federal Communications Commission, to evaluate this form, to provide information for enforcement and rulemaking proceedings and to maintain a current inventory of applicants, health care providers, billed entities, and service providers. No authorization can be granted unless all information requested is provided. Failure to provide all requested information will delay the processing of the application or result in the application being returned without action. Information requested by this form will be available for public inspection. Your response is required to obtain the requested authorization.

The public reporting for this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the required data, and completing and reviewing the collection of information. If you have any comments on this burden estimate, or how we can improve the collection and reduce the burden it causes you, please write to the Federal Communications Commission, AMD-PER, Paperwork Reduction Act Project (3060-0804), Washington, DC 20554. We will also accept your comments regarding the Paperwork Reduction Act aspects of this collection via the Internet if you send them to pra@fcc.gov. PLEASE DO NOT SEND YOUR RESPONSE TO THIS ADDRESS.

Remember - You are not required to respond to a collection of information sponsored by the Federal government, and the government may not conduct or sponsor this collection, unless it displays a currently valid OMB control number or if we fail to provide you with this notice. This collection has been assigned an OMB control number of 3060-0804.

THE FOREGOING NOTICE IS REQUIRED BY THE PRIVACY ACT OF 1974, PUBLIC LAW 93-579, DECEMBER 31, 1974, 5 U.S.C. 552a(e)(3) AND THE PAPERWORK REDUCTION ACT OF 1995, PUBLIC LAW 104-13, OCTOBER 1, 1995, 44 U.S.C. SECTION 3507.

Pheona Riddle

From: rhcadmin@usac.org
Sent: Wednesday, January 04, 2017 5:22 PM
To: pr@espysservices.com
Subject: RHC HCF Program - FCC Form 462 - Denial Notice - HCP# 49272
Attachments: Form_462.pdf

Date: 04-Jan-2017
Program: HCF Program
Funding Year: 2016
Health Care Provider (HCP) Number: 49272
HCP Name: Madison Healthcare Services Consortium
FCC Form 462 Application Number: 16986751

The Universal Service Administrative Company (USAC)'s Rural Health Care (RHC) Program has reviewed the submitted FCC Form 462 and supporting documents for the HCP referenced above. USAC has denied the HCP's FCC Form 462 for the following reason(s):

- **Competitive Bid Issues (RFP or contract language, posting RFP).**

Additional information

Equipment was purchased before the ACSD.

All account holders associated with the HCP will be copied on this and all correspondence from USAC related to this account.

Next Steps

If you wish to appeal this decision, you must file an appeal with USAC within 60 days of the date of this letter. Detailed instructions for filing appeals are available on the USAC website at <http://usac.org/about/about/program-integrity/appeals.aspx>.

For More Information

Please do not reply directly to this email, as emails to this account will not be delivered to the RHC Program team. For questions or assistance, or if this email has been received in error, contact the Rural Health Care Program Help Desk at (800) 453-1546 between 8 AM and 5 PM Monday - Friday or by email at rhc-assist@usac.org.

For more information about the HCF Program application process, refer to the HCF Program Getting Started web page at <http://www.usac.org/rhc/healthcare-connect/process-overview/default.aspx>.

For more information about the FCC Form 462, visit the HCF Program Forms web page at <http://www.usac.org/rhc/healthcare-connect/tools/forms>.

High Point Networks
728 East Beaton Drive, Suite 200
West Fargo, ND 58078
(701) 282-6459

INVOICE

HIGH POINT
NETWORKS™

728 E. Beaton Drive, Suite 200, West Fargo, ND 58078

Bill To:
Madison Homes & Hospital
Attn: Jerry Harberts
900 2nd Ave
Madison, MN 56256
United States

Date	Invoice Number
07/07/2016	85615
Account	
Madison Hospital	

Terms	Due Date	PO Number	Reference
Net 30 days	08/06/2016		Order #18224

Other Charges	Quantity	Price	Amount
Billable Other Charges			
16535: X440-G2 48 10/100/1000BASE-T POE+, 4 SFP combo, 4 1GbE unpopulated SFP upgradable to 10GbE SFP+ (2 combo/2 non-combo), 2 1GbE copper combo upgradable to 10GbE, 1 Fixed AC PSU, 1 RPS port, ExtremeXOS Edge license Serial Number(s): 1623N-41951,1624N-40753,1624N-40868,1624N-40884,1624N-41031,1624N-41042,1642N-40996	7.00	2,301.00	16,107.00
10099: Power Cord, 13A, NEMA 5-15, IEC320-C15;	7.00	7.00	49.00
10304: 10 Gigabit Ethernet SFP+ passive cable assembly, 1m length	5.00	56.00	280.00
16542: Dual 10GbE Upgrade License	2.00	235.00	470.00
Total Other Charges:			16,906.00
See additional pages for time detail **NEW** Now view and pay invoices online at https://myhpn.highpointnetworks.com	Invoice Subtotal:		16,906.00
	MN Non:		0.00
	Invoice Total:		16,906.00

Finance charge of 1.5% per month on all overdue accounts. Online credit card payments are subject to losing the cash payment discount. No returns accepted without prior authorization. Items as listed may be subject to state and local use taxes. Limitation of Liability for Consequential Damages. HPN shall not be liable for any indirect, incidental, consequential, exemplary, or punitive damages of any kind or nature.

Date	
Vendor #	1102
Account #	100500
Mgr.	<i>[Signature]</i>
Authorized Sign.	<i>Cam M. Bergin</i>

High Point Networks
728 East Beaton Drive, Suite 200
West Fargo, ND 58078
(701) 282-6459

INVOICE

**HIGH POINT
NETWORKS™**

728 E. Beaton Drive, Suite 200, West Fargo, ND 58078

Bill To:
Madison Homes & Hospital Attn: Jerry Harberts 900 2nd Ave Madison, MN 56256 United States

Date	Invoice Number
07/07/2016	85616
Account	
Madison Hospital	

Terms	Due Date	PO Number	Reference
Net 30 days	08/06/2016		

Managed Services Detail	Quantity	Price	Amount
Agreement: HPN-EPW-24881			
HPN-EPW-EDGE-3YR: High Point Networks Extreme Partnerworks Support, Edge Switches, Three Year	7.00	300.00	2,100.00
Total Managed Services Detail:			2,100.00
NEW Now view and pay invoices online at https://myhpn.highpointnetworks.com	Invoice Subtotal:		2,100.00
	MN Non:		0.00
	Invoice Total:		2,100.00

Finance charge of 1.5% per month on all overdue accounts. Online credit card payments are subject to losing the cash payment discount. No returns accepted without prior authorization. Items as listed may be subject to state and local use taxes. Limitation of Liability for Consequential Damages. HPN shall not be liable for any indirect, incidental, consequential, exemplary, or punitive damages of any kind or nature.

Date	
Vendor #	1102
Account #	100500
Mgr.	<i>[Signature]</i>
Authorized Sign.	<i>[Signature]</i>

Pheona Riddle

From: Chris Reep <chris@highpointnetworks.com>
Sent: Wednesday, November 30, 2016 10:56 AM
To: Pheona Riddle
Subject: RE: Additonal Equipment Charges for Johnson, Appleton and Madison Hospital

This all looks correct. Thanks!!

Chris Reep
Account Manager | High Point Networks
Ph: 701-499-5239
chris@highpointnetworks.com

INSIDE SALES
Garth Fetsch
Ph: 701-499-4963
garth@highpointnetworks.com

From: Pheona Riddle [<mailto:PR@espyervices.com>]
Sent: Tuesday, November 29, 2016 11:10 AM
To: Chris Reep <chris@highpointnetworks.com>
Subject: Additonal Equipment Charges for Johnson, Appleton and Madison Hospital

Chris,

I have just received some additional invoices from Johnson, Appleton and Madison Hospital for equipment purchases from your company. I will be submitting these services to USAC as well and requesting funding assistance for some of these costs. If you could please review the information below and verify that what I have listed is accurate that will be all that I need. Thank you again for your help with this request. ☺

Appleton Hospital – 30 South Behl St. Appleton, MN 56208

Expense Type: Summit X450-G2 48 10/100/1000 Base – ETHERNET SWITCH
Quantity: 6
Cost: \$14, 982.00 (\$2,497.00 per)
Installation Date: 2/3/2016

Expense Type: Summit 715W AC PSU FB – SWITCH
Quantity: 6
Cost: \$2,634.00 (\$439.00 per)
Installation Date: 2/3/2016

Expense Type: Copper
Quantity: 3
Cost: \$366.00 (\$122.00 per)
Installation Date: 2/3/2016

Expense Type: Maintenance 1 year
Cost: \$1,680.00
Installation: 2/3/2016

Madison Hospital – 900 2nd Ave. Madison, MN 56256

Expense Type: X440-G2 48 10/10/1000 Base - SWITCH

Quantity: 7

Cost: \$16,107.00 (\$2,301.00 per)

Installation: 8/6/2016

Expense Type: Passive Cable Assembly – CABLE

Quantity: 5

Cost: \$280.00 (\$56.00 per)

Installation: 8/6/2016

Expense Type: Maintenance 3 year

Cost: \$2,100.00

8/6/2016

Expense Type: Nimble CS220 – SAN (Storage Area Network)

Cost: \$37,760.00

Installation: 12/28/2011

Expense Type: Maintenance 1 year

Cost: \$11,505.00

12/28/2011

Expense Type: Summit X460-24p-24 10/100/1000 Base – SWITCH

Cost: \$3,165.00

Installation: 1/5/2012

Expense Type: Summit Stack Module X460 – Stacking Cable for Switch

Cost: \$245.00

Installation: 1/5/2012

Expense Type: Summit Stack/UniStack Stacking Cable – Stacking Cable for Switch

Cost: \$180.00

Installation: 1/5/2012

Expense Type: Summit X250 -48 10/100/1000 Base – SWITCH

Cost: \$2,910.00

Installation: 1/5/2012

Expense Type: Summit Stack/UniStack Stacking Cable – Stacking Cable for Switch

Cost: \$125.00

Installation: 1/5/2012

Johnson Memorial Hospital – 1282 Walnut St. Dawson, MN 56232

Expense Type: X440-G2 48 10/100/1000 Base – SWITCH

Quantity: 9

Cost: \$20,709.00 (\$2,301.00 per)

Installation: 8/6/2016

Expense Type: Passive Cable Assembly – CABLE